

### United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF CO United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

000037873

7590

09/10/2004

**EXAMINER** 

BASTIANELLI, JOHN

ART UNIT

PAPER NUMBER

3754

DATE MAILED: 09/10/2004

1300 EAST NINTH STREET SUITE 900 CLEVELAND, OH 44114

**ULMER & BERNE LLP** ATTN: CHARLES CREHORE

APPLICATION NO.

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/065,667

11/07/2002

Michael F. Lancaster

TITLE OF INVENTION: NEEDLE VALVE WITH SOFT TIP STEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	12/10/2004

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current **SMALL ENTITY status:** 

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10/065,667 11/07/2002 Michael F. Laneaster 9299  ITTLE OF INVENTION: NEEDLE VALVE WITH SOFT TIP STEM  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, JOHN 3754 251-358000  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  (2) The Address indication (or "Fee Address" Indication form PTO/SB/124) attached.  (3) League of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/124) attached. Use of a Customer Number is required.  (3) League of Correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/124) attached. Use of a Customer Number is required.  (4) The Address indication (or "Fee Address" Indication form PTO/SB/124) attached.  (5) The name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, or agents OR	ig, must			
O0007873 7590 09/10/2004 papers. Each additional paper, such as a assignment or formal draw have its own certificate of malling or transmission.  ATTN: CHARLES CREHORE 1300 EAST NINTH STREET SUITE 900 CLEVELAND, OH 44114  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10/065,667 11/07/2002 Michael F. Lancaster 9229 TITLE OF INVENTION: NEEDLE VALVE WITH SOFT TIP STEM  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS BASTIANELLI, JOHN 3754 251-358000  E. Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" indication for me PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent patached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent patached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent pat	e United envelope acsimile			
ULMER & BERNE LLP ATTN: CHARLES CREHORE 1300 EAST NINTH STREET SUITE 900 CLEVELAND, OH 44114  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFRMATION 10065,667 11/07/2002 Michael F. Lancaster 9299 FITLE OF INVENTION: NEEDLE VALVE WITH SOFT TIP STEM  APPLICATION NO. SALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS BASTIANELLI, JOHN 3754 251-358000 1. Change of correspondence address or indication of "Fee Address" (37 C) Change of correspondence address or indication of "Fee Address" (37 C) C) Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. If no name is 1 strength and the names of up to 3 registered patent attorneys or agents. If no name is 2 credited attorney or agents. If no name is 1 strength and the names of up to 3 registered patent attorneys or agents. If no name is 1 strength and the names of up to 3 registered patent attorneys or agents. If no name is 1 strength and the names of up to 2 registered patent attorneys or agents. If no name is 1 strength and the names of up to 3 registered patent attorneys or agents. If no name is 3 strength and the names of up to 3 registered patent attorneys or agents. If no name is 1 strength and the names of up to 2 registered patent attorneys or agents. If no name is 3 strength and the names of up to 3 registered patent attorneys or agents. If no name is 3 strength and the names of up to 2 registered patent attorneys or agents. If no name is 3 registered patent attorneys or agents. If no name is 3 registered patent attorneys or agents. If no name is 3 registered patent attorneys or agents. If no name is 3 registered patent attorneys oregisted attorney or agents. If no name is 3 registered patent att	e United invelope acsimile			
ATTN: CHARLES CREHORE 1300 EAST NINTH STREET SUITE 900 CLEVELAND, OH 44114  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATIO 10/065,667 11/07/2002 Michael F. Lancaster 9229 FITLE OF INVENTION: NEEDLE VALVE WITH SOFT TIP STEM  APPLIN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS BASTIANELLI, JOHN 3754 1. Change of correspondence address or indication of "Fee Address" (a) CFE R. 1363).  Change of correspondence address or indication of "Fee Address" (7) CFE R. 1363).  Change of correspondence address or indication form PTO/SB/1/2) attached.  The Address from PTO/SB/1/2) attached.  The Address from PTO/SB/1/2 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Director is hereby authorized by charge the required fee(s), or credit any overpal clinical control of this form). The Director is hereby authorized by charge the required fee(s), or credit any overpal clinical control of this form). The Director is hereby authorized by charge the required fee(s), or credit any overpal clinical control of this form). The Director is hereby authorized by charge the required fee(s), or credit any overpal clinical control of this form). The Director is hereby authorized by charge the required fee(s), or credit any overpal clinical control of this form). The Director is hereby authorized by charge the required fee(s), or credit any overpal clinical control this feet).				
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10/065,667 11/07/2002 Michael F. Lancaster 9239  TITLE OF INVENTION: NEEDLE VALVE WITH SOFT TIP STEM  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 \$12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, JOHN 3754 251-358000  1. Change of correspondence address or indication of "Fee Address" indication form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patient attorneys or agents or, alternatively. (3) ASSIGNIEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CTR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PLEASE ACCELLATION OF THE PATENT (Print or type)  PLEASE check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go la. The following fee(s) are enclosed:    Ab. Payment of Fee(s):   Acheck in the amount of the fee(s) is enclosed.   Payment of Fee(s):   Acheck in the amount of the fee(s) or credit any overpal Depoint Account Number (enclose an extra copy of this form).				
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10/065,667 11/07/2002 Michael F. Lancaster 9239  TITLE OF INVENTION: NEEDLE VALVE WITH SOFT TIP STEM  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 \$12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, JOHN 3754 251-358000  1. Change of correspondence address or indication of "Fee Address" indication form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patient attorneys or agents or, alternatively. (3) ASSIGNIEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CTR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PLEASE ACCELLATION OF THE PATENT (Print or type)  PLEASE check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go la. The following fee(s) are enclosed:    Ab. Payment of Fee(s):   Acheck in the amount of the fee(s) is enclosed.   Payment of Fee(s):   Acheck in the amount of the fee(s) or credit any overpal Depoint Account Number (enclose an extra copy of this form).				
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10/065,667 11/07/2002 Michael F. Lancaster 9239  TITLE OF INVENTION: NEEDLE VALVE WITH SOFT TIP STEM  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 \$12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, JOHN 3754 251-358000  1. Change of correspondence address or indication of "Fee Address" indication form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patient attorneys or agents or, alternatively. (3) ASSIGNIEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CTR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PLEASE ACCELLATION OF THE PATENT (Print or type)  PLEASE check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go la. The following fee(s) are enclosed:    Ab. Payment of Fee(s):   Acheck in the amount of the fee(s) is enclosed.   Payment of Fee(s):   Acheck in the amount of the fee(s) or credit any overpal Depoint Account Number (enclose an extra copy of this form).				
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 107065,667 11/07/2002 Michael F. Laneaster 9299  FITLE OF INVENTION: NEEDLE VALVE WITH SOFT TIP STEM  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(8) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, JOHN 3754 251-358000  1. Change of correspondence address or indication of "Fee Address" (37) (1) the names of up to 3 registered patent attorneys of the patent front page, list (1) the names of up to 3 registered patent attorneys of pagens log, alternatively, (2) the name of a single firm (4) wing as a member a registered patent attorneys or agents. If no name is 3 a magnetis on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered patent attorneys or agents. If no name is 3 a member a registered attorneys or agents. If no name is 3 a member a registered attorneys or agents. If no name is 3 a member a registered attorneys or agents. If no name is 3 a member a registered attorneys or agents. If no name is 3 a member a registered attorneys or agents.	rr's name)			
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10/065,667 11/07/2002 Michael F. Lancaster 9299  ITTLE OF INVENTION: NEEDLE VALVE WITH SOFT TIP STEM  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, JOHN 3754 251-358000  Change of correspondence address or indication of "Fee Address" (37 CFR 1,363).  Change of correspondence address or indication of "Fee Address" (17 CFR 1,363).  "Fee Address" indication for "Pee Address" Indication form prio/SB/122) attached.  "The Address" indication of "Fee Address" indication form prio/SB/123 patached.  "The Address" indication of "Fee Address" indication form prio/SB/123 patached.  "The Address" indication of "Fee Address" indication form prio/SB/123 patached.  "The Address" indication of "Fee Address" indication form prio/SB/123 patached.  "The Address" indication of "Fee Address" indication form prio/SB/123 patached.  "The Difference in the patach form prio/SB/123 patached.  "The Collowing fee(s) are enclosed:  "The Collowing fee(s) are enclosed.  "The Difference in the amount of the fee(s) is enclosed.  "The Difference in the amount of the fee(s) is enclosed.  "The Difference in the amount of the fee(s) is enclosed.  "The Difference in the amount of the fee(s) is enclosed.  "The Difference in the	o marte)			
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 \$12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, JOHN 3754 \$251-358000  Change of correspondence address or indication of "Fee Address" (37 C) FR 1.363)  Change of correspondence address (or Change of Correspondence Address for microtain form PTO/SB/147; Rev 03-07.00 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go as a complete of the patent of the fee(s) is enclosed.    A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.	Signature)			
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 \$12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, JOHN 3754 \$251-358000  Change of correspondence address or indication of "Fee Address" (37 C) FR 1.363)  Change of correspondence address (or Change of Correspondence Address for microtain form PTO/SB/147; Rev 03-07.00 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go as a complete of the patent of the fee(s) is enclosed.    A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.   A check in the amount of the fee(s) is enclosed.	(Date)			
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO \$1330 \$0 \$12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, IOHN 3754 251-358000  1. Change of correspondence address or indication of "Fee Address" (37   Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.    "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached.    "Fee Address" indication (or "Fee Address" indication form PTO/SB/122) attached.    "Fee Address" indication (or "Fee Address" indication form PTO/SB/123) attached.    "Fee Address in indication for "Fee Address" indication form PTO/SB/123. The indication form SNB/124 in the indication form PTO/SB/125 in the indication form SNB/125 in the indication form SNB/12	NO.			
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, JOHN 3754 251-358000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  Change of correspondence address (or Change of Correspondence Address from PTO/SB4/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB4/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB4/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB4/122) attached.  "Fee Address from PTO/SB4/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB4/122) attached.  "Fee Address from PTO/SB4/122) attached.  "Fee Address in the name of a single firm (having as a member a registered patent automeys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PLEASE NOTE: Unless an assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go as a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/10/200  EXAMINER ART UNIT CLASS-SUBCLASS  BASTIANELLI, JOHN 3754 251-358000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  Change of correspondence address (or Change of Correspondence Address from PTO/SB4/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB4/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB4/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB4/122) attached.  "Fee Address from PTO/SB4/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB4/122) attached.  "Fee Address from PTO/SB4/122) attached.  "Fee Address in the name of a single firm (having as a member a registered patent automeys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PLEASE NOTE: Unless an assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go as a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
RAMINER   RAT UNIT   CLASS-SUBCLASS				
RAMINER   RAT UNIT   CLASS-SUBCLASS				
RAMINER   RAT UNIT   CLASS-SUBCLASS				
BASTIANELLI, JOHN  3754  251-358000  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents). If no name is 3  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Go  4b. Payment of Fee(s):    Save Fee   Advance Order - # of Copies   Payment by credit card. Form PTO-2038 is attached.     Payment by credit card. Form PTO-2038				
BASTIANELLI, JOHN  3754  251-358000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  As The following fee(s) are enclosed:  As the following fee(s) are enclosed:  As Check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpa Deposit Account Number (cnclose an extra copy of this form).				
2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorneys or agents) and the names of up to 2 registered attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered attorneys or agent). If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):     Individual   Corporation or other private group entity   Godes an extra copy of this form).   The Director is hereby authorized by charge the required fee(s), or credit any overpal pepsit Account Number   Circlose an extra copy of this form).				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence address from PTO/SB/122) attached.  Change of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed.  Che haddress from PTO/SB/122) attached.  Che haddress from PTO/SB/122 att				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  "Adssignee NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Payment of Fee(s):  The Director is hereby authorized by charge the required fee(s), or credit any overpa Deposit Account Number  (no agents OR, alternatively, (2) the name of a single firm (having as a member a registered attent attorneys or agents. If no name is 1 issue or agents. If no name is 2 issued no name will be printed.  2 registered patent attorneys or agents. If no name is 3 issued no name will be printed.  2 registered patent attorneys or agents. If no name is 3 issued no name will be printed.  3 Residently the name of a single firm (having as a member a registered attorney or agents. If no name is 3 issued no name will be printed.  2 registered patent attorneys or agents. If no name is 3 issued no name will be printed.  3 Residently the name of a single firm (having as a member a registered attorney or agents. If no name is 3 issued no name will be printed.  3 Residently the name of a single firm (having as a member a registered attorney or agents. If no name is 3 issued no name will be printed.  4 Deposited patent attorneys or agents. If no name is 3 issued no name will be printed.  5 Residently the name of a single firm (having as a member a registered patent att				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Goda. The following fee(s) are enclosed:    Issue Fee				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.    "See Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.    "See Address" indication (or "Fee Address" Indication form Indication for Indication Ind				
Saction   Sact				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Goda. The following fee(s) are enclosed:    A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.   Advance Order - # of Copies Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fee(s), or credit any overpand Deposit Account Number (enclose an extra copy of this form).	listed, no name will be printed.			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Goda. The following fee(s) are enclosed:    A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.   Advance Order - # of Copies Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fee(s), or credit any overpand Deposit Account Number (enclose an extra copy of this form).				
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Goda. The following fee(s) are enclosed:    Issue Fee	filed for			
4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Deposit Account Number  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number  (enclose an extra copy of this form).				
4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Deposit Account Number  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number  (enclose an extra copy of this form).				
4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Deposit Account Number  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number  (enclose an extra copy of this form).				
☐ Issue Fee ☐ A check in the amount of the fee(s) is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Advance Order - # of Copies ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpand Deposit Account Number ☐ (enclose an extra copy of this form).	ernment			
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpate the proposit Account Number (enclose an extra copy of this form).				
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpart Deposit Account Number (enclose an extra copy of this form).	A check in the amount of the fee(s) is enclosed.			
Deposit Account Number (enclose an extra copy of this form).	Payment by credit card. Form PTO-2038 is attached.			
	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
D. Change in Entity Status (from Status Indicated above)				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.				
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified about NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other neters as shown by the records of the United States Patent and Trademark Office.	e. party in			
Authorized Signature Date				
Typed or printed name Registration No				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to				
I his collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO is manapplication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, pretain submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commodox 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Ender the Panerwork Reduction Act of 1005, no personners required to recover the Panerwork Reduction and 1005, no personners required to recover the Panerwork Reduction and 1005, no personners required to recover the Panerwork Reduction and 1005, no personners required to recover the Panerwork Reduction and 1005, no personners required to recover the Panerwork Reduction and 1005, no personners required to recover the Panerwork Reduction and 1005 are personners.	process) ing, and omplete ce, P.O. ox 1450,			



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademar k Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/065,667 11/07/2002		Michael F. Lancaster		9299	
000037873 , 7.	590 09/10/2004		EXAM	INER	
ULMER & BERNE LLP		BASTIANELLI, JOHN			
ATTN: CHARLES			ART UNIT	PAPER NUMBER	
SUITE 900			3754	•	
CLEVELAND, OF	H 44114		DATE MAILED: 09/10/200	4	

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.usplo.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/065,667	11/07/2002	Michael F. Lancaster	9299	
000037873 7	590 09/10/2004		EXAM	INER
ULMER & BER	ULMER & BERNE LLP		BASTIANELLI, JOHN	
ATTN: CHARLES CREHORE 1300 EAST NINTH STREET		ART UNIT	PAPER NUMBER	
SUITE 900			3754	
CLEVELAND, OH 44114			DATE MAILED: 09/10/2004	

### Notice of Fee Increase on October 1, 2004

If a reply to a "Notice of Allowance and Fee(s) Due" is filed in the Office on or after October 1, 2004, then the amount due will be higher than that set forth in the "Notice of Allowance and Fee(s) Due" because some fees will increase effective October 1, 2004. See Revision of Patent Fees for Fiscal Year 2005; Final Rule, 69 Fed. Reg. 52604, 52606 (May 10, 2004).

The current fee schedule is accessible from WEB site (http://www.uspto.gov/main/howtofees.htm).

If the fee paid is the amount shown on the "Notice of Allowance and Fee(s) Due" but not the correct amount in view of the fee increase, a "Notice of Pay Balance of Issue Fee" will be mailed to applicant. In order to avoid processing delays associated with mailing of a "Notice of Pay Balance of Issue Fee," if the response to the Notice of Allowance is to be filed on or after October 1, 2004 (or mailed with a certificate of mailing on or after October 1, 2004), the issue fee paid should be the fee that is required at the time the fee is paid. See Manual of Patent Examining Procedure (MPEP), Section 1306 (Eighth Edition, Rev. 2, May 2004). If the issue fee was previously paid, and the response to the "Notice of Allowance and Fee(s) Due" includes a request to apply a previously-paid issue fee to the issue fee now due, then the difference between the issue fee amount at the time the response is filed and the previously-paid issue fee should be paid. See MPEP Section 1308.01.

Effective October 1, 2004, 37 CFR 1.18 is amended by revising paragraphs (a) through (c) to read as set forth below.

Section 1.18 Patent post allowance (including issue) fees.

(a) Issue fee for issuing each original or reissue patent, except a design or plant patent:

(b) Issue fee for issuing a design patent:

By a small entity (Sec. 1.27(a))......\$245.00

By other than a small entity......\$490.00

(c) Issue fee for issuing a plant patent:

By a small entity (Sec. 1.27(a))......\$330.00

By other than a small entity......\$660.00

Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.